

## **Update Re: National Isoniazid Shortage: Kansas Tuberculosis Control Action June 2013**

This is to update all Kansas Health Care Providers regarding the current status and recommendations for use of Isoniazid in response to national manufacture shortages. At the present time the shortage of Isoniazid 300 mg tablets seems to have been resolved, however, Isoniazid 100 mg tablets are still not available. Isoniazid is a commonly used anti-tuberculosis antibiotic for treatment of tuberculosis infection as well as tuberculosis disease (in combination with other antibiotics Rifampin, Ethambutol and Pyrazinamide).

The Kansas Department of Health and Environment TB Control Program (KDHE TB) has an ample supply of Isoniazid 300 mg tablets on hand but has a very limited supply of Isoniazid 100 mg tablets. Private pharmacies are also reporting an inability to access Isoniazid 100 mg at this time.

This notice modifies earlier guidance regarding shipment from the KDHE TB Program for Isoniazid to Kansas Providers. Note that the basic principles of targeted treatment for those who have suspect or confirmed tuberculosis disease, confirmed tuberculosis infection and those who are greatest risk for progressing to tuberculosis disease remain the priority for treatment.

- Individuals with confirmed or suspected active tuberculosis
- High risk tuberculosis infection
  - Persons with medical conditions which increase likelihood of progression to tuberculosis disease (i.e. HIV/AIDS, diabetes, immunosuppression, TNf Alpha Inhibitor TX)
  - Children under age five
  - Individuals with chest radiographic findings consistent with prior TB (i.e. fibrosis, scarring)
  - Recent confirmed close/high risk contact to a confirmed case of tuberculosis disease
  - Documented conversions from negative TB skin test or blood test (IGRA) within the past two years
  - Foreign-born persons from high risk countries who have a positive TB blood test (IGRA) Note: Positive skin tests in persons who are BCG vaccinated should be considered as potential false positives and further consideration of risks should be conducted prior to deciding to treat for tuberculosis infection
  - Persons in correctional institutions who have sentences long enough to complete treatment
- Individuals who are working in a high risk environment

KDHE TB requests providers strongly consider the following options when prescribing treatment for TB infection. These treatment options are listed in order of preference which is determined by likelihood of successful completion outcomes:

- Rifapentine (**note this is different from standard rifampin**) and Isoniazid for twelve weeks administered under weekly directly observed therapy (not be used in children under age twelve or women who are or plan to become pregnant before end of treatment)
- Rifampin daily for four months (not to be used in HIV positive persons, persons less than 18 years of age or contacts to Rifampin resistant cases of tuberculosis) administered with at minimum bi-weekly medication pick up and documented medical monitoring for signs and symptoms of side effects as well as adherence
- Isoniazid daily for six or nine months administered with monthly pick up and documented medical monitoring for signs and symptoms of side effects and adherence
- Isoniazid twice weekly administered under directly observed therapy for six or nine months

For any questions regarding alternative treatment recommendations or other treatment questions, please contact Ginny Dowell, TB Nurse Consultant (785-296-0739) or Phil Griffin, TB Controller (785-296-8893).

For any questions regarding this alert or the actions being taken, please contact Phil Griffin, TB Controller (785-296-8893 or [pgriffin@kdheks.gov](mailto:pgriffin@kdheks.gov) )